



CITY OF SAN DIEGO REQUEST FOR UNCLAIMED MONIES

CLAIM NUMBER	AMOUNT
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Each of the undersigned claimants certifies under penalty of perjury: That claimant is the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim.

Each claimant agrees to indemnify and hold harmless the City of San Diego, its officers, and employees from any loss resulting from the payment of said claim.

EACH CLAIMANT (PAYEE) MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.

PAYEE FULL NAME / BUSINESS NAME		SOCIAL SECURITY NO. / TAXPAYER I.D.		
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE

PAYEE FULL NAME / BUSINESS NAME		SOCIAL SECURITY NO. / TAXPAYER I.D.		
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	SIGNATURE REQUIRED			DATE

YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS OVER \$1,000

<p>Subscribed and sworn before me this _____ day of _____ year of _____</p> <p style="text-align: center;">_____ Notary Public in and for</p> <p>The County of _____, State of _____</p>
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Send completed affirmation to: City of San Diego
Unclaimed Monies Claim Processing
202 C Street – Mail Station 7A
San Diego, CA 92101